

## On to Year 2 of the Quality Payment Program: Merit-Based Incentive Payment System (MIPS) 2018 Overview

Now that the first year of MIPS has come to a close and providers are waiting for their final scores to be published this summer, it's time to dig back in and start planning for Year 2. In general, there are four MIPS performance categories that are scored individually, each comprising a specific weight of the final score: Quality, Cost, Clinical Practice Improvement Activities and Advancing Care Information.

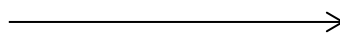
For the first time, the Cost category will count in the final MIPS score. Based solely on Medicare claims data, this category reflects measures that cover the total cost of care provided to beneficiaries during the year or during a hospital stay. Clinicians do not submit any additional data for this category.

As with the 2017 performance year, the Advancing Care Information category, which reflects the use of certified electronic health record technology (CEHRT), will be automatically re-weighted to 0% for specified clinician types including those with CMS special status designations of non-patient facing and hospital-based. Its 25% allocation of the final score will be shifted to the Quality category, as shown below.

### 2018 MIPS Requirements

MIPS Performance Category	Performance Category Weight
Quality	50%
Cost	10%
Clinical Practice Improvement Activities	15%
Advancing Care Information	25%

Required  
Categories



**Rewighted for Non-Patient  
Facing and Hospital-Based  
clinicians**

### 2018 MIPS for Individuals and Groups Designated by CMS as Non-Patient Facing or Hospital- Based

Performance Category	Rewighted Category
Quality	75%
Cost	10%
Clinical Practice Improvement Activities	15%

Although the basic structure of the MIPS program stays the same, CMS has implemented some changes for this year intended to increase flexibilities and reduce the burdens of participation. For example:

- The Minimum Threshold for participation in MIPS 2018 has been increased to \$90,000 in Part B allowed charges or 200 Part B patients, up from \$30,000 or 100 patients (this applies to individuals and groups)
- The payment adjustment will be 5%, up from 4% last year
- The Minimum Performance Threshold to avoid a negative payment adjustment is 15 points, up from 3 points last year
- The new Small Practice Bonus will add 5 additional points to the final score of Small Practices (defined as 15 or fewer clinicians)
- Clinicians may qualify for additional points from the new Improvement Bonus if they demonstrate improvement to their 2018 quality score over the prior year (within the Bonus guidelines and pending comparable comparison data)



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Let's look at some of the key points of the program this year, specifically as they pertain to non-patient facing and/or hospital-based participants.

Performance Category	Performance Indicators	2018 Requirements	2017 Requirements
Quality	% of Final Score	75%	85%
	Performance/Reporting Period	Full year	"Pick Your Pace" (test level, 90 days, full year)
	Minimum Number of Measures to Report	6 (1 must be designated an Outcome or High Priority measure)	Same
	Data Completeness (% of eligible patient services per measure that must be reported across all payers)	60%	50%
	Case minimum for measure to be to be scored against a benchmark	20	Same
Clinical Practice Improvement Activities (CPIA)	% of Final Score	15%	Same
	Performance/Reporting Period	At least 90 consecutive days	Same
	Minimum Number of Activities to Report	40 points – guided by size/type of group:  <u>**More than 15 clinicians, clinicians not in a rural area or HPSA</u> <ul style="list-style-type: none"> <li>• 2 high-weighted activities <b>OR</b></li> <li>• 1 high-weighted and 2 medium-weighted <b>OR</b></li> <li>• 4 medium-weighted</li> </ul> <u>**15 or fewer clinicians, non-patient facing clinicians, and/or clinicians located in rural area of HPSA</u> <ul style="list-style-type: none"> <li>• 1 high-weighted activity <b>OR</b></li> <li>• 2 medium-weighted</li> </ul>	Same
	Data to Report	Can be completed via attestation, no additional data to submit	Same



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<b>Performance Category</b>	<b>Performance Indicators</b>	<b>2018 Requirements</b>	<b>2017 Requirements</b>
Advancing Care Information (ACI)	% of Final Score	25% - Reweighted to 0% for specified clinicians	Same
Cost	Percent of Final Score	10%	0% - calculated but not included in final score
	Data to Report	None – based on Medicare claims data	Same

CMS 2018 MIPS reference materials are located at:

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

Over the coming weeks APS will post additional articles addressing Year 2 of MIPS, with a deeper dive into the specifics of each performance category. We will also begin contacting our clients to start coordinating participation for this year. In the meantime, questions can be directed to your APS Practice Manager, or can be emailed to [MIPSInfo@APSmdbill.com](mailto:MIPSInfo@APSmdbill.com).